

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14600000	I	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PASTA G.	ARDENS, INC.	
DOING BUSINESS AS		
ADDRESS: STATE ROAD		
CITY/TOWN WHATELY	STATE: MA	ZIP CODE: 01093
MANAGER: SELICIOUS, CHARLES	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
DESCRIPTION OF LICENSED	PREMISES:	
5 ROOMS ALL ON GROUND I	LEVEL SITUATED AT STATE	ROAD.
2. the licensee has comp	ill be of the same type for the san lied with all laws of the Common open for business (If not explain	nwealth relating to taxes; and
SIGNED BY		
Individual,	Partner or Authorized Corporat	e Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bui	lding inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:		By:
(If disapproved explain)		•



LICENSE NUMBER: 146000002

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

APPLICATION FO	R RENEWAL:	Annual CLASS	LICE	NSED FOR 2013 YEAR
LICENSEE NAME	: PAMELA JEAN			ILAK
DOING BUSINESS	S AS WHATELY	GENERAL STORE		
ADDRESS: 81 ST	ATE ROAD			
CITY/TOWN V	VHATELY	STATE:	MA	ZIP CODE: 01093
MANAGER:		TYPE OF LICENS	E: Package Store	CATEGORY: All Alcohol
DESCRIPTION OF ONE STORY FRA RESIDENCE ADJO	ME BLDG., ONE		FOR SALES ROOM	I, WITH ONE STORY
2. the licen	wed license will be see has complied v	ties of perjury that: of the same type for with all laws of the C for business (If not e	ommonwealth relati	
SIGNED BY	Individual, Parti	ner or Authorized Co	orporate Officer	
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICATION NUMBER: $\underline{\Gamma}$ Individual Social Security Number)
Please Check Bell APPROVED: DISAPPROVED: (If disapproved exp.			LOCAL LIC By:	ENSING AUTHORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

LICENSE NUMI	BER: 146000003			
APPLICATION 1	FOR RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: DEMETRIOU	S KONSTANTOPOU	JLOS	
DOING BUSINE	ESS AS CASTAWA	Y LOUNGE		
ADDRESS: RO	UTE 5 & 10			
CITY/TOWN	WHATELY	STATE:	MA	ZIP CODE: 01093
MANAGER:		TYPE OF LICENSI	E: General on premise	CATEGORY: All Alcohol
	OF LICENSED PRE	EMISES: AND CELLAR FOR S	STORAGE.	
1. the res	newed license will beensee has complied	alties of perjury that: The of the same type for with all laws of the Confor business (If not e	ommonwealth 1	
SIGNED BY	Individual, Par	rtner or Authorized Co	orporate Office	r
				032-28-3938
DATE:	TELEPI	HONE NUMBER:		MPLOYER IDENTIFICATION NUMBER: : NOT Individual Social Security Number)
Acts of 2004, sig	gned by the buildin	g inspector and the l	nead of the fire	e required by Chapter 304 of the e department for the above nired by Chapter 116 of the Acts
Please Check B	elow:		LOCAL	LICENSING AUTHODITY
APPROVED: DISAPPROVED	 		By:	LICENSING AUTHORITY
(If disapproved e			,	

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

LICENSE NUMBER: 14600	00004			
APPLICATION FOR RENI	EWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: GEO	RGE WILLIAM GA	Y, JR.		
DOING BUSINESS AS GA	Y'S PACKAGE STO	ORE		
ADDRESS: ROUTES 5 &	10			
CITY/TOWN WHATEI	LY	STATE:	MA	ZIP CODE: 01093
MANAGER:	TYPE OF	LICENSI	E: Package Sto	re CATEGORY: All Alcohol
DESCRIPTION OF LICEN ONE ROOM FOR SALES,		STORAC	GE.	
2. the licensee has o	nder penalties of perj nse will be of the sam complied with all law now open for busines	ne type for es of the Co	ommonwealth	
SIGNED BY Indivi	idual, Partner or Auth	norized Co	orporate Office	r
DATE:	TELEPHONE NUM	IBER:		043-07-5941 MPLOYER IDENTIFICATION NUMBER: : NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENSING AUTHORITY

DATE:

 $APPLICATION FOR RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 146000005			
APPLICATION F	OR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: KEVIN A. KLOO	C		
DOING BUSINES	SS AS WHATELY IN	NN		
ADDRESS: CHE	ESTNUT PLAIN ROA	AD		
CITY/TOWN	WHATELY	STATE:	MA	ZIP CODE: 01093
MANAGER:	7	TYPE OF LICENSI	E: Innholder	CATEGORY: All Alcohol
FIRST FLOOR B	RANCE ONTO PAR	ANT AREA WITH		TRANCE ON MAIN STREET UET HALL AND THREE
 the rene the lice 	d swear under penalti ewed license will be o ensee has complied wi mises are now open fo	of the same type for th all laws of the C	ommonwealth	relating to taxes; and
SIGNED BY	Individual, Partne	er or Authorized Co	orporate Offic	er
DATE:	TELEPHO	NE NUMBER:		043-16-7234 EMPLOYER IDENTIFICATION NUMBER: te: NOT Individual Social Security Number)
Acts of 2004, sign	ned by the building i	nspector and the l	nead of the fi	nte required by Chapter 304 of the re department for the above quired by Chapter 116 of the Acts
Please Check Be APPROVED: DISAPPROVED: (If disapproved ex			LOCA By:	L LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

LICENSE NUMBER: 146	5000007				
APPLICATION FOR RE	NEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DA	AVID A DEWINTI	ER			
DOING BUSINESS AS	ГНЕ DEPOT COU	INTRY STORE			
ADDRESS: 36 CHRIST	TAN LANE				
CITY/TOWN WHAT	ELY	STATE:		ZIP CODE: 010	093
MANAGER:	TYPI	E OF LICENSE: Pa	ackage Store	CATEGORY: A	ll Alcohol
DESCRIPTION OF LICE ON FIRST FLOOR ONL					
2. the licensee ha	cense will be of the as complied with al	f perjury that: e same type for the s ll laws of the Comm usiness (If not explain	nonwealth relat		
SIGNED BY	lividual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICATION $f T$ Individual Social Secur	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC By:	ENSING AUTHORI	TY
D A TELE					

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146000010				
APPLICATION FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
	CLASS		YEA	R
LICENSEE NAME: FLOYD AND	RUS			
DOING BUSINESS AS NEW ENGI	LAND COUNTRY SA	AMPLER		
ADDRESS: 424 STATE RD				
CITY/TOWN WHATELY	STATE:	MA	ZIP CODE:	01093
MANAGER:	TYPE OF LICENSI	E: Package Store	CATEGORY:	Wine and Malt Regular
DESCRIPTION OF LICENSED PRI TWO ROOMS ON FIRST FLOOR I		PLEX		
1. the renewed license will b 2. the licensee has complied 3. the premises are now open	e of the same type for with all laws of the C	ommonwealth relat		
SIGNED BY Individual, Par	tner or Authorized Co	orporate Officer		
DATE: TELEPI	HONE NUMBER:		OYER IDENTIFICATI $f T$ Individual Social Se	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LIC By:	CENSING AUTHO	PRITY



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

LICENSE NUI	MBER: 146000011			
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: DIMAIO FAI	MILY PIZZA LUNCHEO	NETTE, INC.	
DOING BUSIN	NESS AS			
ADDRESS: 2	68 STATE ROAD			
CITY/TOWN	WHATELY	STATE: M	A	ZIP CODE: 01093
MANAGER:	DIMAIO, SALVATOR	TYPE OF LICENSE: F	Restaurant	CATEGORY: All Alcohol
	N OF LICENSED PR T WITH TWO DINI	EMISES: NG ROOMS AND LOUN	IGE. ALL ON F	TRST FLOOR
 the 	renewed license will licensee has complied	nalties of perjury that: be of the same type for the d with all laws of the Come on for business (If not expl	nonwealth relati	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICATION NUMBER: $\underline{\Gamma}$ Individual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	d of the fire dep	quired by Chapter 304 of the partment for the above by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LIC By:	ENSING AUTHORITY

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

LICENSE NUMBER: 146000012				
APPLICATION FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: DAVID E. CO	ONNLY			
DOING BUSINESS AS NEW ENG	LAND SPICE AND C	OFFEE COMPAN	Y	
ADDRESS: 424 STATE ROAD				
CITY/TOWN WHATELY	STATE:	MA	ZIP CODE: 01093	
MANAGER:	TYPE OF LICENSE	E: Package Store	CATEGORY: Wine and Malt Regula	ar
DESCRIPTION OF LICENSED PR BUILDING B, OF SUGARLOAF S FOR STORAGE		FLOOR FOR SAI	LES, AND BASEMENT	
1. the renewed license will 2. the licensee has complied 3. the premises are now open	be of the same type for I with all laws of the Co	ommonwealth relat		
SIGNED BY Individual, Pa	urtner or Authorized Co	orporate Officer		
DATE: TELEP	HONE NUMBER:		OYER IDENTIFICATION NUMBER: T Individual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LIC By:	CENSING AUTHORITY	

DATE:



DATE:

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

Annual	LICE	NSED FOR 2013
CLASS		YEAR
CORAN		
GENERAL STORE		
STATE:	MA	ZIP CODE: 01093
TYPE OF LICENSE:	Package Store	CATEGORY: All Alcohol
EMISES: S WITH AN ADJOINE	NG ONE STORY	RESIDENCE. MAIN
with all laws of the Cor	nmonwealth relati	
tner or Authorized Cor	porate Officer	
IONE NUMBER:	EMPLO	032-32-0740 OYER IDENTIFICATION NUMBER: T Individual Social Security Number)
	LOCAL LIC By:	ENSING AUTHORITY
	CLASS CORAN GENERAL STORE STATE: 1 TYPE OF LICENSE: EMISES: S WITH AN ADJOINITE Ities of perjury that: e of the same type for the same	CLASS CORAN GENERAL STORE STATE: MA TYPE OF LICENSE: Package Store EMISES: S WITH AN ADJOINING ONE STORY Ilties of perjury that: e of the same type for the same premises with all laws of the Commonwealth relating for business (If not explain below) there or Authorized Corporate Officer HONE NUMBER: EMPLO (Note: NO

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 146000014				
APPLICATION I	FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NAM	IE: CIRCLE K M	IASSACHUSETTS LL	.C		
DOING BUSINE	SS AS CIRCLE K	#7508			
ADDRESS: RO	UTE 116				
CITY/TOWN	WHATELY	STATE:	MA	ZIP CODE: (01093
	CLOGSTON, REBECCA	TYPE OF LICENSE	E: Package Store	CATEGORY:	Wine and Malt Regular
2025 SQ FT SING	OF LICENSED PR GLE STORY BLD ATED ON EAST :	G WITH ENTRANCE	LOCATED ON N	NORTH SIDE OF I	BLDG
 the rer the lice 	newed license will lensee has complied	alties of perjury that: be of the same type for I with all laws of the Co	ommonwealth relat		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:		262-74-7968 OYER IDENTIFICATION Individual Social Section	
Please Check Be APPROVED: DISAPPROVED (If disapproved ex			LOCAL LIC By:	CENSING AUTHO	RITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN WHATELY

LICENSE NUMBER:	146000015
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APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013

CLASS YEAR

LICENSEE NAME: GAY'S PACKAGE STORE INC.

DOING BUSINESS AS GAY'S PACKAGE STORE

ADDRESS: 3 State Rd

CITY/TOWN WHATELY STATE: MA ZIP CODE: 01093

MANAGER: GAY JR., GEORGE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

W.

DESCRIPTION OF LICENSED PREMISES:

1200 sq ft. one room for sales, two rooms for storage, one entrance and exit located on front of premises, additional entrance/exit located on side of premises

I hereby certify and swear under penalties of perjury that:

- 1. the renewed license will be of the same type for the same premises now licensed;
- 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
- 3. the premises are now open for business (If not explain below)

SIGNED BY	ndividual, Partner or Authorized Cor	porate Officer		
DATE:	TELEPHONE NUMBER:	450-99-6722 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:		

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY	OR	TOWN	WHA	TELY

LICENSE NUMBE	R: 146000016						
APPLICATION FO	R RENEWAL:	Annual	LICE	LICENSED FOR 2013			
		CLASS		YEAR			
LICENSEE NAME:	: MUFFIN'S GE	NERAL MARKET					
DOING BUSINESS	SAS						
ADDRESS: 28 ST.	ATE ROAD						
CITY/TOWN W	/HATELY	STATE:	MA	ZIP CODE: 01093			
MANAGER: KO	RZA,DIANE S.	TYPE OF LICENSI	E: Package Store	CATEGORY: All Alcohol			
DESCRIPTION OF LICENSED PREMISES: 1,068 SQ. FT. RETAIL SPACE.EAST SIDE OF STATE RD #28 ONE SOUTH ENTRANCE/EXIT AND ONE EMERGENCY EXIT ON WEST SIDE OF STORE.							
I hereby certify and swear under penalties of perjury that:							
1. the renewed license will be of the same type for the same premises now licensed;							
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and							
3. the prem	ises are now open	for business (If not e	explain below)				
SIGNED BY	Individual, Par	tner or Authorized Co	orporate Officer				
DATE:	TELEPH	IONE NUMBER:		272-95-4943 OYER IDENTIFICATION NUMBER: T Individual Social Security Number)			
Please Check Belo APPROVED: DISAPPROVED: [(If disapproved expl			LOCAL LIC By:	ENSING AUTHORITY			

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)